

SHB 1685 - H AMD 377

By Representative Bailey

1 Strike everything after the enacting clause and insert the
2 following:

3 "NEW SECTION. **Sec. 1.** The legislature finds and declares that
4 there has been an ongoing controversy over the costs and benefits of
5 existing health care coverage statutory requirements and their effect
6 on health care insurance costs. It is for this reason that an
7 unbiased, independent actuarial study of existing health care coverage
8 statutory requirements needs to be conducted. It is not the intent of
9 the legislature to take any actions in relation to the findings of the
10 study until they can be reviewed and analyzed by the legislature, in
11 consultation with the office of the insurance commissioner, health care
12 providers, health carriers, and health care purchasers.

13 NEW SECTION. **Sec. 2.** The office of the insurance commissioner
14 shall contract for an actuarial review and analysis of existing health
15 care coverage statutory requirements. The office of the insurance
16 commissioner shall:

17 (1) Contract with a qualified independent and impartial entity that
18 has not taken a public position in the past on the merits or
19 consequences of the adoption of health care coverage statutory
20 requirements;

21 (2) Provide that the review of health care coverage statutory
22 requirements include statutes that:

23 (a) Mandate that health carriers provide benefits for certain
24 conditions or services;

25 (b) Prohibit discrimination between health care provider groups who
26 deliver services that are included in a health benefit plan;

27 (c) Establish requirements as to how a particular service or
28 benefit must be provided by a health carrier in its health benefit
29 plans; and

1 (d) Require health carriers to offer certain services as an option
2 for individuals or groups purchasing a health benefit plan;

3 (3) Include the following analyses in the scope of the actuarial
4 review:

5 (a) The cost of including the statutory requirements in health
6 benefit plans, taking into consideration the impact that covering the
7 statutory requirement has on the utilization of other health services,
8 expressed as a net premium cost or savings per member per month; and

9 (b) An assessment of whether market demand has already resulted in
10 inclusion of current statutory requirements in a significant number of
11 health benefit plans in states that do not have such statutory
12 requirements; and

13 (4) Submit an interim report to the governor and appropriate
14 committees of the legislature by December 1, 2005, and a final report
15 by December 1, 2006."

16 Correct the title.

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